

Developmental Disabilities Council 2016

Position on Assisted Suicide

The Developmental Disabilities Council opposes the legalization of any action that legally supports medical assistance of one's death regardless of prognosis, including "medical aid in dying", "assisted suicide", "assisted death", "death with dignity" or other terms not specifically listed. Equal rights must include equal suicide prevention.

Oregon, Washington, Vermont and, recently, California have statutes legalizing assisted suicide. The Montana Supreme Court has declared that the victim's consent to assisted suicide can be a defense to homicide charges, and a New Mexico district court has declared assisted suicide a state right, but the state is appealing that ruling.

In Oregon and Washington, data indicates that people request assisted suicide for reasons directly related to disability-based oppression, such as feelings of loss of autonomy and dignity, and feelings of being a burden on others. These factors are the direct result of both negative stereotypes and public policies that deny people the consumer-controlled long-term services and supports that they need to feel respected and valued throughout life to a natural death.

Assisted suicide laws set up a double standard whereby most people who are suicidal get suicide prevention services and support while certain others get suicide assistance. For those who are old, ill, or "disabled enough", society will not only agree that suicide is appropriate but will provide the lethal means to complete the act. This form of discrimination violates the ADA and must be opposed.

During 2015, disability rights and independent living advocates were instrumental in defeating assisted suicide legislation in Alaska, Colorado, Connecticut, Delaware, Maine, Nevada, Rhode Island and Tennessee, with efforts continuing in New Jersey, Maryland and the District of Columbia.

The Developmental Disabilities Council believes there is a clear danger that individuals with intellectual and developmental disabilities and other disabilities

will not be advised of other options but instead steered toward the least expensive options rather than the supports individuals may need. This is due to the current climate in a profit driven healthcare system and environment of cost containment.

Recommendations:

1. Options other than suicide need to be offered and provided to terminally ill patients and their families by medical and social work professionals. Medical interventions such as hospice, palliative care, and pain management have been shown to provide comfort while the individual is dying. In addition, these services are typically covered by medical insurances.
2. Medical professionals need to be provided information such as disability etiquette and disability rights, and demonstrate that individuals can have a quality life despite any disabling conditions. Groups such as Not Dead Yet, the National Council on Independent Living, ADAPT, and Disability Rights and Educational Defense Fund can provide this.
3. To assure quality of life issues are valued, local Centers for Independent Living need to work on individual and systemic advocacy. Working with the individual with a disability and his/her family on how to identify supports needed so the individual and the family can have a quality life that is appropriate for him/her.
4. Groups that also oppose assisted suicide include the National Association of Nurses and several medical schools. Disability advocacy organizations and nonprofits need to work with these groups to demand that assisted suicide laws do not get passed.

Sources for this statement include: The National Council for Independent Living, The Arc of Maryland, and Not Dead Yet.